SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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(check only one)											
		×	11a		11b		11c		12		
			13		14		15		16		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tigani, Robert, F., Mr., Date of Receipt Mailing Address PO Box 758 2020 City Zip Code State Transaction ID: ACCD2A5C68C744537A30 DE **New Castle** 19720-0758 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chairman/CEO NKS Distributors Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Van Volkenburg, David, , Mr., Date of Receipt Mailing Address 6250 N River Rd 12 31 2020 Ste 9000 City State Zip Code Transaction ID: AF8B01CC81913428FA2A IL Rosemont 60018-4241 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Reyes Beverage Group Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Yahnis, Peter, C., Mr., Date of Receipt Mailing Address PO Box 5326 2020 City State Zip Code Transaction ID: A8D2E41061CB14CDBB7A SC Florence 29502-5326 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Yahnis Corp., Inc. **Quality Assurance** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 6500.00 SUBTOTAL of Receipts This Page (optional).....

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